

**AMENDMENT TRANSMITTAL LETTER (SMALL)**

Docket No.

731301.1010

Applicant(s): **Green, et al**Serial No.  
10/691,275Filing Date  
October 22, 2003Examiner  
Saadat, CameronConfirmation No.  
4935Group Art Unit  
3714Invention: **INTERIOR DESIGN SYSTEM AND METHOD**

**Commissioner for Patents**  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is First Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

|  | CLAIMS REMAINING<br>AFTER AMENDMENT                       | HIGHEST #<br>PREV. PAID FOR                                | NUMBER EXTRA<br>CLAIMS PRESENT                             | RATE   | ADDITIONAL<br>FEE |
|--|---|--|--|--|-------------------|
| TOTAL CLAIMS   | 23 -  | 23 =   | 0  | X \$25.00  | \$0               |
| INDEP. CLAIMS  | 3 -   | 3 =  | 0  | X \$105.00   | \$0               |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |   |  |  |  | \$185.00          |
| EXTENSION FEE  | 1 <sup>ST</sup> MONTH <input type="checkbox"/><br>\$60.00 | 2 <sup>ND</sup> MONTH <input type="checkbox"/><br>\$230.00 | 3 <sup>RD</sup> MONTH <input type="checkbox"/><br>\$525.00 | 4 <sup>TH</sup> MONTH <input type="checkbox"/><br>\$820.00 | \$                |
| Other Fees:  |   |  |  |  | \$                |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT                                  |   |  |  |  | \$0               |

No additional fee is required.  
 Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.  
 A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.  
 A Credit Card Payment is attached in the amount of \$ \_\_\_\_\_.  
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
Jon E. Holland; Reg. No.: 41,077]11/28/07  
\_\_\_\_\_  
Date